2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1617 Reg. Dist. No. 2.0

1. PLACE OF DEATH.	MARYLAND	2. USUAL RESIDENCE (HOSTATE	OME) OF DECEASED. COUNT	y Conil
CITY (If outside corporate limits, write RURAL an OR givo nearest town)		CITY (If outside corporate OR TOWN	limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	- Carallana - Cara	STREET ADDRESS	(If rural, give location)	/
3. NAME OF DECEASED (Type or Print)	(Middle) Bo	ILINGER	4. DATE (Month) OF DEATH Testuar	(Day) (Year)
5. SEX M. 6. COLOR OR RACE 7. S. WI	INGLE, MARRIED, DOWED, DIVORCEP, Specify) Market		. AGE last birthday If under	
10a. USUAL OCCUPATION (Give kind of work 10b.	USTRY WILLS OF BUSINESS OF	11. BIRTHPLACE (State or	oreign country) 1:	2. CITIZEN OF WHAT COUNTEY? U. S.A.
13. FATHER'S NAME Emanuel	Bollinger 1	14. MOTHER'S MAIDEN N	eskoim.	
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give was or dates of service)	Social Security No.	4. 1. 1 42.	Clenger, Ello	ton. mel.
	18. MEDICAL CER	TIFICATION		1.
I. DISEASES OR CONDITIONS DIRECTLY LEAD		100		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Co	need of He	ad of Parine	~~	year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			001 N D D T T T T T T T T T T T T T T T T T	5 = 14 84 64 14 04000000 00000000000000000000000
(c)				
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 				
19a. DATE OF OPERATION 19b. MAJOR FINDS	INGS OF OPERATION			20. AUTOPSY?
	Y	(CIPIL OF TO	WINTS CONTRACTOR	Yes No 🗹
SUICIDE HOMICIDE OF OFFI	Iome, farm, factory, street, ce bldg., etc.)	(CITY OR TO		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY Whill Work Work Work Work Work Work Work Work		HOW DID INJURY OCCU	JR?	
22. I hereby certify that I attended the dec	eased from Jan 22	, 195-1, to Feb 15.	, 19.4.7, that I last s	aw the deceased
		ADDRESS from the c	auses and on the date st	ated above.
H. H. Hamilton	m.D.	Millington	nd. F	26/5-4
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify)	- NAME OF GENETER	is I	CATION (City, town, or coun	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGN REG. 26. 1951	Hellows.	21, FUNERAL DIRECTOR	Ello	lon What.
- Jack Honey				91116



2411 N. Charles Street, Baltimore

1618

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH- COUNTY / LINT MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY /C	1
CITY (If outside corporate limits, write RURAL and OR give nearest togg) (in this place)	CITY (If outside corporate limits, write RURAL and give neare OR TOWN	st town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If real, give location)	
3. NAME OF DECEASED (Type or Print) F / 12 A JAME	BROOKS 4. DATE (Month) (Day)	(Year) 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVERCED (Specify) L. Colored		IIf under 24 hrs.
10a. USUAL OCCUPATION (Give klod of work 10b. Kind of Business on		EN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15, Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.	17. INFORMANT AND ADDRESS.	
(Yes, no, or unknown) (If yes, give war or dates of service)	Henry Broaks	
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTER	TAND DEATH
	artist Jusu ficiency on	years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	terio pelerosis 8-	10 years
stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		UTOPSY?
21. ACCIDENT (Specify) SUICIDE HOMICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from #44 5	, 1957, to Jul 23, 1957, that I last saw the	e deceased
alive on	9.34 A.m., from the causes and on the date stated a	bove.
Att Hamilton M.D.	millington, mel. Feet 2	6/5-1
Helling to	BY OR CREMATORY LOCATION (City, town, or county)	mu. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNDAL DIRECTOR Cour Millian	PRESS

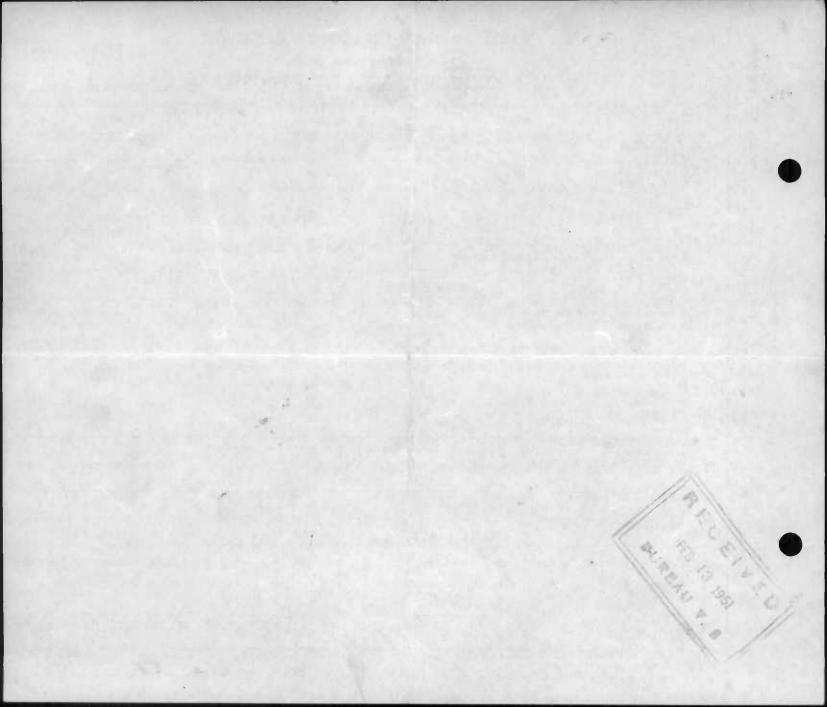


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

161.9 Reg. Dist. No. 2. 0. 21.....

1. PLACE OF DEATH KONT MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Kent
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RUBAL and giv	re nearest terms)
OR give nearest town hester town (in this place) TOWN //2 CAYS	TOWN ROCK HAZZ	o nearest town,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ken Toud Queen AKK	STREET (If rural, give location) ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) May Burrows 7	Fithian DEATH Feb.	6 195
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MA Pried	8. DATE OF BIRTH 9. AGE last birthday If under MArch 19,1915 35 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSTRY 10b. KIND OF BUSINESS OR INDUSTRY		COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Benjamin D. Burrows	Elizabeth Collins	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS TOSP. Records	
18. MEDICAL CER		
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Peripheral VASC	cular collapse	30 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	in - Carrian Earthon.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
2-4-51 PregNANCY		Yes No 🗗
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NUICIDE INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-4	, 1951, to 2 - 6 , 1951, that I last s	aw the deceased
alive on	ADDRESS	ated above. DATE SIGNED
Octoicle lu.d.	Chaster town, led	2-6-51
23. BURIAL, CREMATION DATE THEREOF NAMID OF CEMETER REPOVAL (Spelly) Feb 9 175/ Sulver	dakes Gover	Trel
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FINERAL DIRECTOR	ADDRESS
The state of the s		and and



Evidence foraddition in #21 shown on:

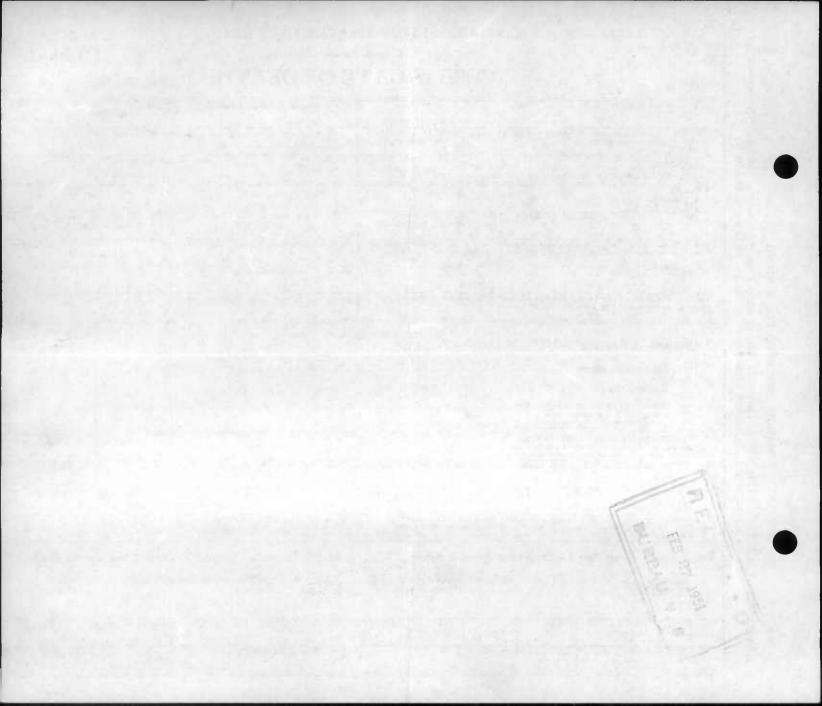
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CNA No.	G	131 MAR	5 19CERTIFICATE OF DEATH	
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1620 Reg. Dist. No. 2. 0. 2.

1. PLACE OF DEATH- COUNTY Kent Maryland	2 USUAL RESIDENCE (HOME) OF DECEASED COUNTY	KONT
CITY (If outside corporate limits, write RURAL and OR give nearest town) ARSTONIOUN (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN LESTENTO WN	oearest town)
HOSPITAL OR INSTITUTION OR KENT and Queen HVNS	STREET (If rural, give location) ADDRESS /-/	
3. NAME OF DECRASED (First) AA MAY	Lessey 1. Date (Month) OF DEATH FEBRUARY	(Day) (Year) / 23 1957
5. SEX FEMALE 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH 9. AGE last birthday If under Y	year If under 24 hrs. Days Hours Min.
done during most of working life, even if retired) 19b. Kind of Busining on Industry		CITIZEN OF WHAT
Bengamin Hessey	Bessee Hurd	
(Yes, no, or unknown) (If year, give war or dates of 213-03-4746	17. INFORMANT AND ADDRESS HOSpital records	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Sungice Shape		INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)		70 00 40 40 47 44464 2004, 10 2005, 40 200 200
Diseases or cooditions, if any, (b) Laboular Call giving rise to the above cause stating the underlying cause last	apre	ет ет АМдиницион (1980 году придадени и и и и и и и и и и и и и и и и и и
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	0.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	econoration of radial hards	20. AUTOPSY?
2.23-57 Ununited fracture of	Ert. homerus	Yes No P
21. ACCIDENT (Specify) SUICIDE HOMICIDE Accident PLACE (Home, farm, factory, street, OF office bldg., etc.)	nr. Mock Hall, Kent. Co. Md.	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 12=26=49 m. INJURY OCCURRED While At Not While At work	How DID INJURY OCCUR? 2 automobiles ran together. (3/5/	/51 - ams)
22. I hereby certify that I attended the deceased from /2->	2, 19,57, to 2-23, 19,57, that I last saw	the deceased
alive on 2-23, 19.57, and that death occurred at / SIGNATURE (Degree or title)	ADDRESS / / ADDRESS	ed above. DATE SIGNED
al Dick Wo.	Chestes form, War Qued	2-23.07
REMOVAL (Specify) DATE NAME OF CEMETER C Chester C	emetery Chesterton, Mo	(State)
Par 24-1951 Claux S. Barnes.	24 FUNERAL DIRECTOR ells - Chesterto	ADDRESS
	390	646



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

			3	(sol
leg.	Dist.	No		

I. PLACE OF DEATH-		2. USUAL RESIDENCE (HOME) OF DECEA	
countifient	MARYLAND	Mory /a	71	COUNTY
CITY (If outside corporate limits, write RU		CITY (If outside corpor	ate limits, write RU	RAL and give nearest town)
OR give nearest town) TOWN	4 (in this piace)	TOWN Rural	P	
HOSPITAL OR	4 14 45000	STREET	(If rural give	(PMG
INSTITUTION OR	. 1 //	ADDRESS	O / (II rurai give	(tocation)
STREET ADDRESS M + 0/1	ivet Hill	MF	Ulivet 1	7//
8. NAME OF (First)	(Middle)	(Last)		(Month) (Day) (Year)
(Type or Print)	Rotto	Johnson	OF DEATH	Feb 11 1957
5. SEX 16. COLOR OR RACE	7. SINGLE, MARRIED,	1 8. DATE OF BIRTH	9. AGE last birthd	
Female Negro	WIDOWED, DIVORCED,	June 29 1914		Months Days Hours Miu.
10a. USUAL OCCUPATION (Give kind of wor	k 10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of wordone during host of working life, wen if retired	1) Industra	Galena	nd	COUNTRALLA
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN	NAME	,
George Alexan	ler Briscoe, S	8 Charit	y Carol	/
15. WAS DECEASED EVER IN U.S. ARMED FORCE		17. INFORMANT	/ /	(()
(Yes, no, or unknown) (If yes, give war or date	2/6-20 -/2/3	Harry	Johnson	(husband)
	18. MEDICAL CE	RTIFICATION		
- Digitalia on governmenta binnami				INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTL	Y LEADING TO DEATH		, ,	ONSET AND DEATH
Immediate cause (a)_	Anoxia and	Toxemia	due to	**************************************
1 K7 0 vs. Austro-Bout course(s)		/	/	
Antecedent cause(s) Diseases or conditions, if any, (b)	Carcinoma	tosis du	e to	7 mos
giving rise to the above cause	••••••••••••••••••••••••••••••••••••••		• • • • • • • • • • • • • • • • • • •	**************************************
stating the underlying cause last	2	/ / /	D 4	
(e)	Carcinoma	et 6++	Dreast	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but no related to the disease or condition causing de	t anth.			
	FINDINGS OF OPERATION		1	20. AUTOPSY?
1 /	reinoma of	1014 Breas	+	V (7)
	ACE (Home, farm, factory, street,	(CITY OR	TOWAL	(COUNTY) (STATE)
SUICIDE OF		CITTOR	IOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)		HOW DID INJURY OC	CCUR?	
OF INJURY m.	While at Not While Work			
INJUICI	At WOIR		,	
22. I hereby certify that I attended to	the deceased from Jon 15	195/ to Feb	11. 195/ th	at I last saw the deceased
22. I hereby termy that I accended	The december 11011	, 10.10, 00	20,6, 044	at I had barr the decouped
alive on Feb. 11., 19.51, a	and that death occurred at	ADDRESS	causes and on t	he date stated above.
		11	/	
Wallace Obenshau	n m.P.	Cecilton	Md	Feb/11951
23. BURYAL CREMATION DAME THER REMAYAL Spency	1957 NAME OF CEMPTE	RY OF CREMATORY	LOCATION (City, t	wn, or county) (State)
	S SIGNATURE	24. PONERAL DIRECTO	200	ADDRESS
REG. Jet. 15, 1951 Elich	of J. Mullong	physical V	Maur D	alling for mel
- Jane 1 12/1 Clight	Cu O III	part ory	- //	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



Dect age

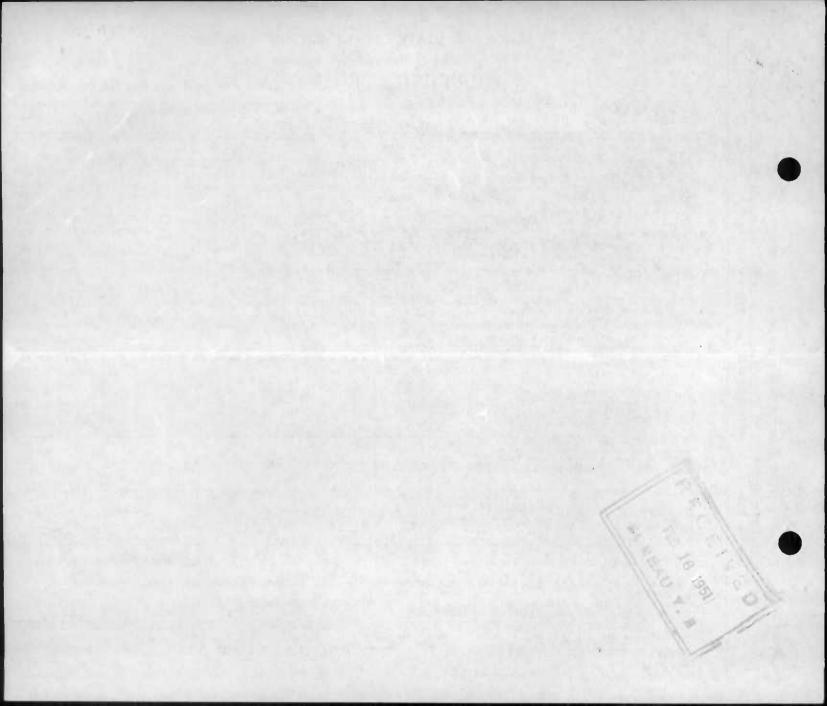
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1622 Reg. Dist. No. 2 02

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	Int-
CITY (If outside corporate limits, write RURAL and OR givo nearest tand) CITY (If outside corporate limits, write RURAL and I LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give neare OR TOWN	st town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen lung gaung	STREET (If rural, give location) ADDRESS	
3. NAME OF DECEASED (First) (Middle) (Type or Print) Frank Soviell	(Last) 4. DATE (Month) (Day) OF DEATH 2 13	(Year)
5. SEX 6. COLOR OR BACE 7. SINGER, MARRIED, WILLIAM, (Specify)	My 8,1884 66 yrs. Months Days	Hours Min.
done during most of working life, great fettrest Industry	11. BURTHPLACE (State or foreign country) 12. CITIZ COUNTS	EN OF WHAT
13. FATHER'S NAME Ournell Jones	14. MOTHER'S MAIDEN NAME Manie Carrall	
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	Mus. Frank Jones, Lynch, Med	
18. MEDICAL CE		- Paragraph
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSE	T AND DEATH
Immediate cause (a) Fractive, tra	e of skull 1/	2 dage
Antecedent cause(s) Diseases or conditions, if any, (b)		
stating the underlying cause last (c) Explessyor faints	in attachs (?)	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. A	UTOPSY?
21. ACCIDENT (Specify) SUICIDE HOMICIDE Occident PLACE (Home, farm, factory, street, OF office bldg., ctc.)	Synch Kent	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF NJURY - 1 - 5 m. INJURY OCCURRED While at Not While Work At work	Folldownstais during Lainter atta	de.
22. I hereby certify that I attended the deceased from?	, 1957, to 2-13, 1937, that I last saw the	e deceased
alive on	ADDRESS DA	bove. TE SIGNED
affelthan mie.	Chestestown Mill 2-1.	3-07
MEMOVAL (Specify) 2/15/5/ Westley (Capel Location (City, town, or county)	(State)
PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 14 1951 Was & Barnes.	Lagar A. Lane Church H.	il and
	00	A 1 1 1



2411 N. Charles Street, Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. 1	No. 203
1. PLACE OF DEATH- COUNTY Ken t MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland CITY (If outside corporate limits, write RURAL and	TY Went
CITY (If outside corporate limits, write RURAL and OR give nearest town) Rock+CL (in this place)	TOWN Rock Hall	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Thank 17	STREET (If rural, give location) Sharps T	
3. NAME OF DECEASED (First) (Middle) (Type or Print) Emma marke	(Last), 4. DATE (Month) OF DEATH Filmery	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) in June 1.	8. DATE OF BIRTH 2. AGE last birthday If und Month	er i year If under 24 hm
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100. Kind of Business or Industry	Virginia	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John T. Fisher	Martha Luma Swaper	2.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res, give war or dates of service)	17. INFORMANT AND ADDRESS	ester.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause 447 XAntecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	is Hypertension	***************************************
13. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNT	Yes No C
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/6	, 195/, to 2/6, 195/, that I last	
alive on 2/5, 195/, and that death occurred at (Degree or title)	ADDRESS from the causes and on the date	stated above. DATE SIGNED
albert G. Burgard M.D.	RockHall, md	2/6/51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE BOMOVAL (Specify) Feb 7-1951 Wesley Class	whal Comulant Work Thall	Weigh 6. Md
DATE REC'D BY LOCAL REGISTRAB'S SIGNATURE REG. Local 1917	24. FUNERAL DIRECTOR	ADDRESS / Y/ a Mad

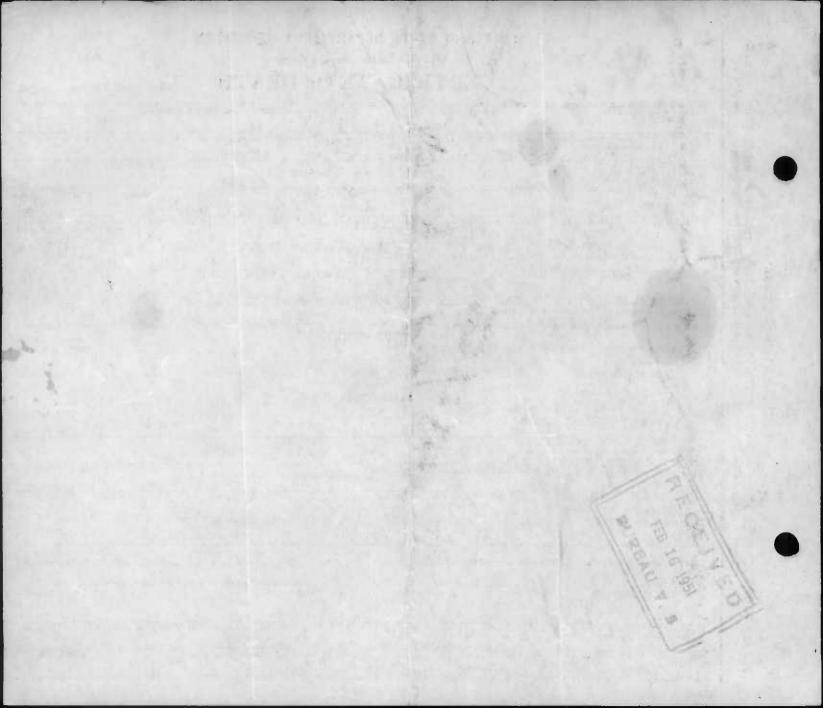
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

age

correct

The

VS. A15



The correct age

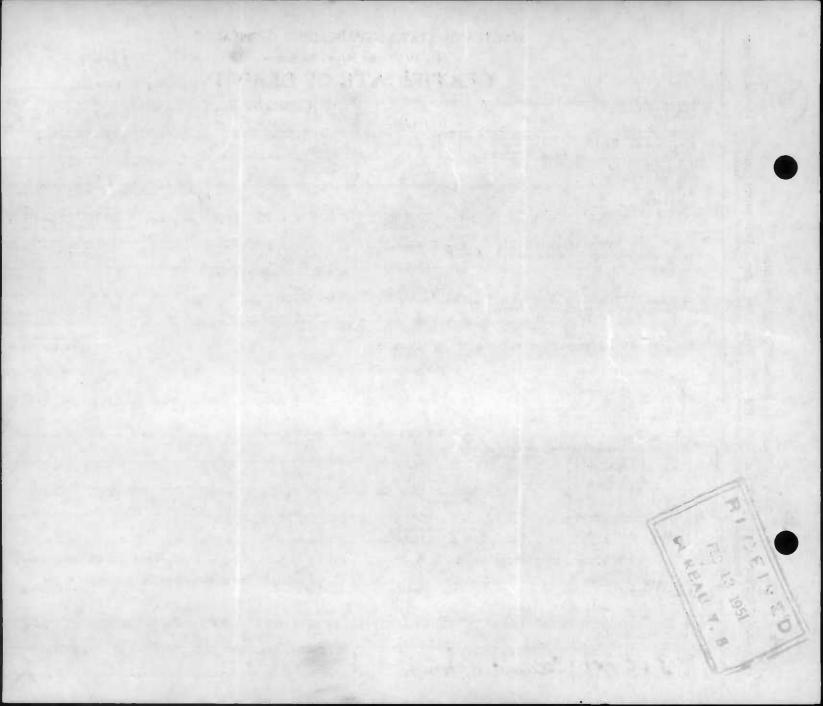
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1624

CERTIFICAT	TE OF DEATH Reg. Dist. No.	201
I. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	ent-
CITY (If outside corporate limits, write RURAL and OR givo nearest town) OR givo nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	,
3. NAME OF (First) (Middle) DECEASED	OF OF	(Day) (Year)
(Type or Print) 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) widowed		year If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if zetired) INDUSTRY	Y1. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS OW Cornes Willis / Comed	willend
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	~,	ONSET AND DEATE
Immediate cause (a) avalysis a	glanh.	3 days.
350 X Antecedent cause(s) Diseases or conditions, If any, (b)		6 mo.
/3 2 giving rise to the above cause stating the underlying cause last (c) (c)	~~~~~	en de sen de e PPF en en en g o primo musque e E e o o organis
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Juna	, 1951, to F. Et. b., 1951, that I last sa	w the deceased
alive on	ADDRESS Am., from the causes and on the date sta	ted above. DATE SIGNED
L. P. alwell, M. W.	Sliel Vond 2,	18/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE SEMOVAL (Specify)	or CREMATORY LOCATION (City, town, or county	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. J. 4 & 18 1 Exuncid Jones	24. FUNERAL DIRECTOR TELLOWS	ADDRESS



VS. A15

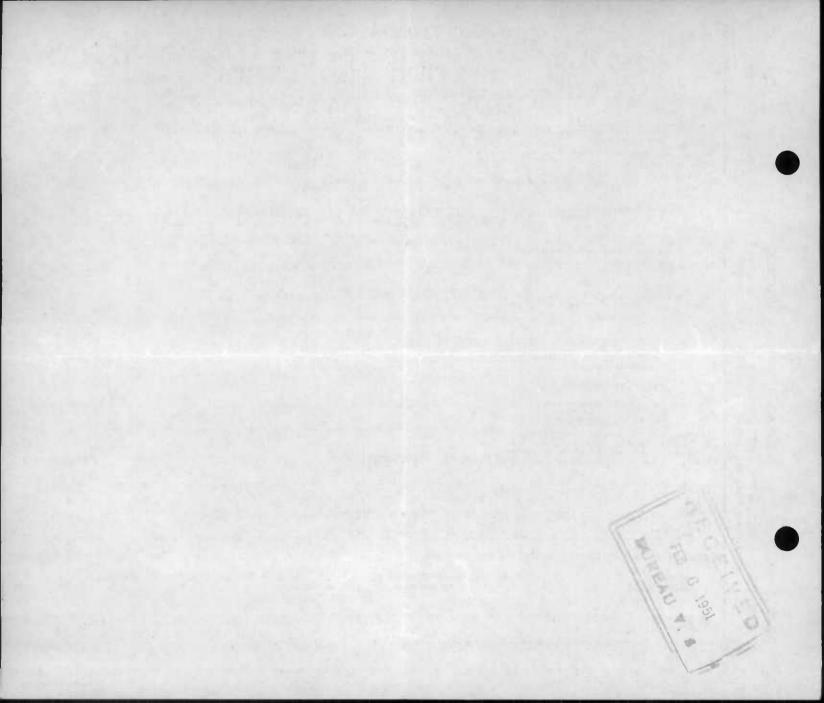
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

162 202 Reg. Dist. No. 202

1. PLACE OF DEATE			2. USUAL RESIDENCE (HOME) OF DECEASE STATE	COUNTY
24	ent	MARYLAND	Maryland	Lent
CITY (If outside co OR give nearest TOWN	chestertown	AL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURA OR Chestertown	L aod give nearest town)
HOSPITAL OR			STREET (If rural, give lo	cation)
INSTITUTION OF STREET ADDRESS		non Ave	Mt. Vernon Av	9
3. NAME OF	(First)	(Middle)		onth) (Day) (Year)
DECEASED			OF T	, , , , , , , , , , , , , , , , , , , ,
(Type or Print) 5. SEX	Nellie	Nicholson 7. SINGLE, MARRIED,) • 2 • 1951 19 If under 1 year If under 24 hrs.
female	white	WIDOWED, DIVORCED,	Dec. 6. I888 62 yrs.	Months. Days Hours Min.
10s. USUAL OCCUPA	ATICN (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of v	orking life, even if retired)	INDUSTRY home	Chestertown. Md.	USA COUNTRY?
13. FATHER'S NAM			14. MOTHER'S MAIDEN NAME	
Rober	et G. Nichol:	son	Laura Amanda Lusby	
15. WAS DECRASED EV	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown)	(If year, give war or dates of mervice)	no		tertown, Md.
110		110		1
I. DISEASES OR CO	NDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
		Carcinoma O	f Breast	5 yrs.
Immediate	e cause (a)	Care Inoma C	L DICCO	VIS•
170 × Anteceden	nt cause(s)			
Diseases or o	conditions, if any, (b)			** ** ** ** *** **********************
glving rise to stating the u	o the above cause anderlying cause last			
Conditions contribu	CANT CONDITIONS ating to the death but not se or condition causing deat	h.		
19a. DATE OF OPE	RATION 19b. MAJOR 1	FINDINGS OF OPERATION		20. AUTOPSY?
	Morel			Yes No
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (C	COUNTY) (STATE)
TIME (Month)		INJURY OCCURRED	1 HOW DID INJURY OCCUR?	
OF INJURY	m.	While at Not While Work At work		
22. I hereby certi	ify that I attended the	e deceased from NOV.	IQ19 50, to Feb. 2 , 195I , that	I last saw the deceased
Tob	9 105T	d that docth	O D f 11	Jaka state 3 -3
signature	.a, 1910.l, ar	(Degree or title)	ADDRESS ADDRESS	date stated above. DATE SIGNED
Robert &	· Gusor, M.	D. Cher	tertour, red.	Feb. 2, I95I
23. BURIAL, CREM.	28-0		RY OR CREMATORY LOCATION (City, town	
REMOVAL (Spec	2/0/10			
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE		stertown, Md.
Feli 4-19	51 Clara	S, Barnes,	J. WILLIS WELLS - Che	Soci cowii, Mu



VS. A15

Evidence for change in 9 shown on:

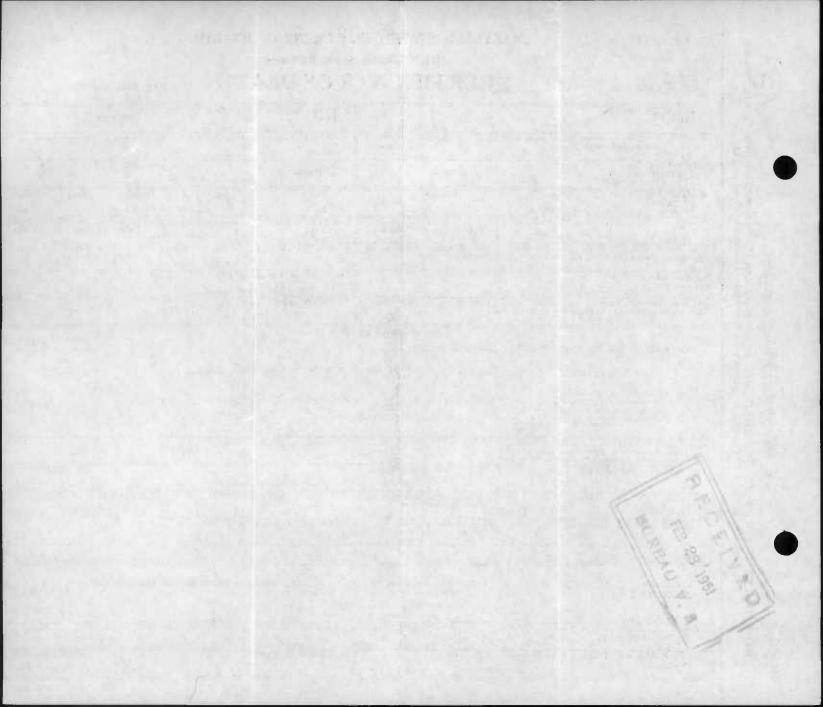
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

52 APR 16 193CERTIFICATE OF DEATH

1626 Reg. Dist. No. 203

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Kent MARYLAND	STATE Mary land COUNTY Kent
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR givo nearest town) Rock Hace (in this place)	TOWN Rock Hall
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR	ADDRESS Boundary and
STREET ADDRESS Home	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Inlia hay	DEATH TURNEY 17 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under I year If under 24 hrs
	Selet 19 1879 7071 yrs. Months Days Hours Min.
10al USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	
13. FATHER'S NAME	Rock tall, and Country 45.72
11.00	
Hilliam millety	Ellie Heroch
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
service)	Huskaut
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Antecedent cause (a) Cerebral heuron Antecedent cause(s) Diseases or conditions, if any, (b) hypertain aron giving rise to the above cause stating the underlying cause last Churchulo-lus o	hase faraluses shows
443× Immediate cause (a)	The same of the sa
Antecedent cause(s)	2.7
Diseases or conditions, if any, (b) 4/200001	asuro 1 carous
giving rise to the above cause stating the underlying cause last Church hado-lug of	undeles
(0)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.	20. AUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Zu. AUTOPST
	Yes 🗆 No 🏋
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
	0.
22. I hereby certify that I attended the deceased from Lend	1950 to her 17 1951 that I last saw the deceased
alive on 2/17, 195/, and that death occurred at	
SIGNATURE: (Degree or title)	ADDRESS DATE SIGNED
2 +0 R 1 2 D	Rock#9el 2 d 2/60/51
Meder W. Surgara M. J.	
23. BURIAL, CREMATION DATISTHEREOF NAME OF CEMETE REMOVAL (Specify)	
REMOVAL (Specify) 2/20/57 Wesley Cha	fre Comelone Rock Hall West Md.
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 2-/2 1/5/	
-/2-0/13 / // / / / / / / / / / / / / / / / /	Colors I. Janes Poland 74:00 Mas



The correct age

Evidence for change in #9 shown on:

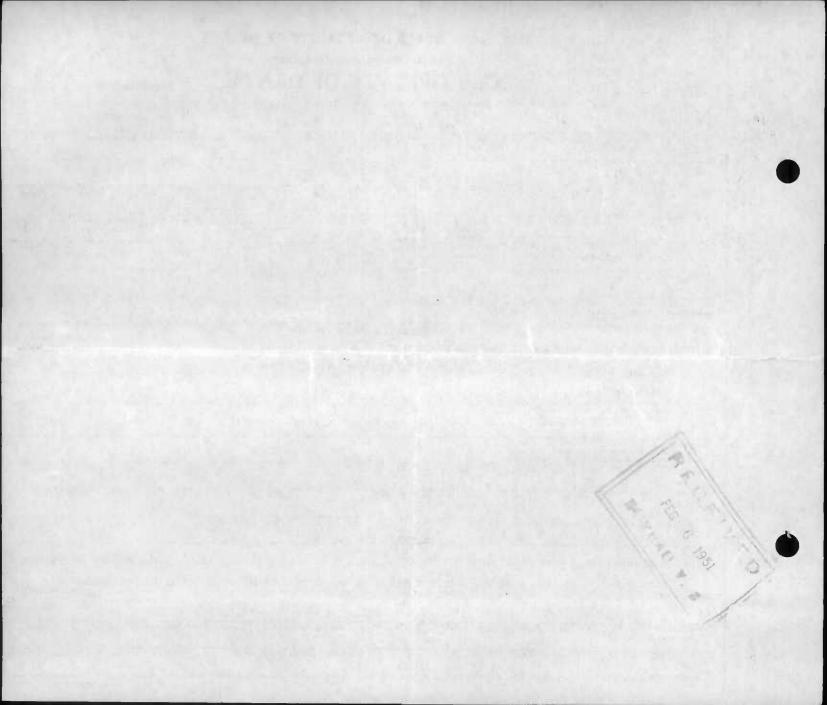
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

HIM No. G 1 3 U FEB 9 1961ERTIFICATE OF DEATH

Reg. Dist. No. 2 02

1. PLACE OF DEATH KENT MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) NESTEVIOUS (in this place)	CITY (II outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kentard Jugan Anns	STREET (If rural, give location) ADDRESS
3. NAME OF DECEASED (First) (Middle) (Type of Print) William	Scott 4. DATE (Month) (Day) (Year) Scott DEATH February / 1937
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWELD, DIVORCED, (Specify) W, cowed	S. DATE OF BIRTH 9. AGE iast hirthday If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Goe kind of work done during most of working life, even if stired) 10b. KIND OF BUSINESS OR LINUSTRY	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS
18. MEDICAL CEI	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
	22
Immediate cause (a) Peripheral Vasc	colar collapse 10 his
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	myocarditis, chronic 10 years?
stating the underlying cause last (c) Arterioscleroti	a gangrene right foot Sweeks
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1-31-57 Chromostie gans	ene 1 tool Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE INJURY	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from /- 9	19.57, to 2 1, 19.17, that I last saw the deceased
alive on 2-1, 19.57, and that death occurred at	ADDRESS DATE SIGNED
article list.	les trotour, led 27-57
REMOVAL (Specify) 2-3-51 M, E, Cen	netery Jean Bock Hall Med
PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Edgy & Lane Church Hell h
10013	200111



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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town), (In this place) OR TOWN HOSPITAL OR INSTITUTION OR STREET (If rural give location) ADDRESS STREET ADDRESS 3. NAME OF Middie) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) DEATH 196 7. SINGLE, ARRIED, WIDOWED, DIVORCED, (Specify) 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 9. AGE last birthday | If under I year | If under 24 hrs. Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? WAR 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No 🗆 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) (Specify) SUICIDE HOMICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) OF INJURY While at Not While Work At work 22. I hereby certify that I attended the deceased from Feb. 195/, to Heb 3, 1951, that I last saw the deceased (Degree or title) ADDRESS DATE SIGNED SIGNATURE 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR LOCATION (City, town, or county REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL 012113484



VS. A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

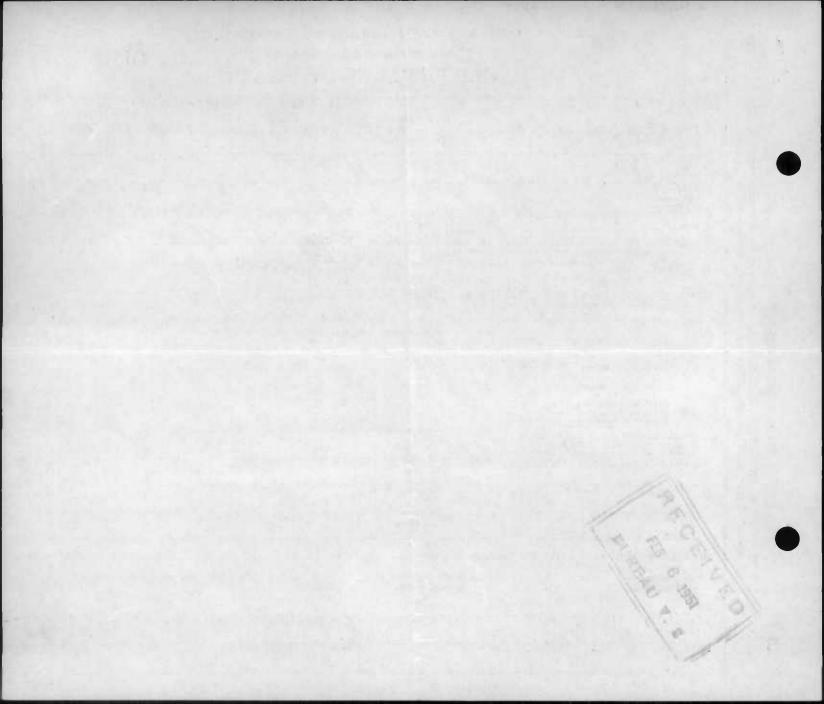
1629

CERTIFICATE OF DEATH

Reg. Dist. No. 202

290116

1. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY ent			
	ent	MARYLAND				
OR give nearest	rporate limits, write RURA	L and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR			nearest town)
TOWN C	nestertown	life	TOWN Chester			
HOSPITAL OR			STREET	(If rural, gi		
INSTITUTION OR STREET ADDRES	s Rural - B	road Neck	ADDRESS Rural -	- Broad	Meck	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)
DECEASED	Charles		ckers	OF	reb. 2.	TOFT
(Type or Print) 5. SEX	6. COLOR OR RACE 1	7. SINGLE, MARRIED.				year If under 24 hrs.
Male	white	WIDOWED, DIVORCED,		70	Months.	Days Hours Min.
		(Specify) Married	Aug. 28, 1871		/rs.	
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	oreign country)		CITIZEN OF WHAT
		Owner	Kent Co. Md.			USA
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN			
	omas J. Vick		Susan Masl:	in		
	ER IN U.S. ARMED FORCES		17. INFORMANT AND A	DDRESS	(1)	and and
(Yes, no, or unknown)	(If year, give war or dates o service)	no	Mrs. Chas. M.	Vickers	5 Chest	ertown, M
						1/10-1
I DIGHARM OF CO	NDITIONS DIPPORTS	18. MEDICAL CE	RTIFICATION			INTERVAL BETWEEN
i. DISEASES OR CO	NDITIONS DIRECTLY		4 T N			ONSET AND DEATH
T 11. 4	(4)	orgestive Hea	w raisers	-		2 cereples
Immediate	cause (a)	No. of the same of	**************************************	** **** . ** *** * ann ann *** au* * aps :	.0	
20.0 Anteceden	t cause(s)	1 0 0	1. 11 17).		910
		villial Brost	ic Kent &	1seass	2	years
/ Occuping rise to	conditions, if any, (b)					#
stating the un	nderlying cause last					
II. OTHER SIGNIFIC	CANT CONDITIONS	0 0 hr a 000 000 00 00 nr o vido o 000 0 000 000 000 000 000 000 000 0	***************************************			00 in) in) in) cross-communications comp
Conditions contribu	ting to the death but not				18 1 1 1	
	e or condition causing deat	INDINGS OF OPERATION				20 AUTODOVA
132. DATE OF OPER	130. MIAJOR I	Indiana de di Election				20. AUTOPSY?
** ************************************	(9	TP (Hama family)	1 (000000000000000000000000000000000000	YITAY)	(00)	Yes No
21. ACCIDENT SUICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TO	(MM)	(COUNTY)	(STATE)
HOMICIDE	INJU	RY				
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCCU	UR?		
INJURY	m.	Work At work				
		2000 1	.50 Est.	2.01		
22. I hereby certi	fy that I attended the	e deceased from	, 1950, to Feb.	, 19, tl	hat I last sa	w the deceased
t.//	1. 1061	d that death occurred at	A U		the data	4.1 .1
alive on	, 19, an	d that death occurred at((Degree or title)	ADDRESS	auses and on	the date sta	ted above. DATE SIGNED
SICHATORE	0 10	(September 2016)	2— 4		1/	DATE SIGNED
Kokelit &	EMOT, MJ.	Chon	edour	-	2/3/5/	
23. BURIAL, CREMA	ATION DATE	NAME OF CEMETE	RY OR CREMATORY LO	CATION (City,	town, or county	(State)
REMOVAL (Speci	(6)	95I Chester Co	~	hestert		
DATE REC'D BY I	LOCAL REGISTRAR'S		24 FINERAL DIRECTOR			ADDRESS
LRHG 11	251 00	Y Barres	J. Willis We	lls- Che	esterto	wii, Md.
1201 T-17	1 LANN	DI NOWED,	10. MITITIO MC			



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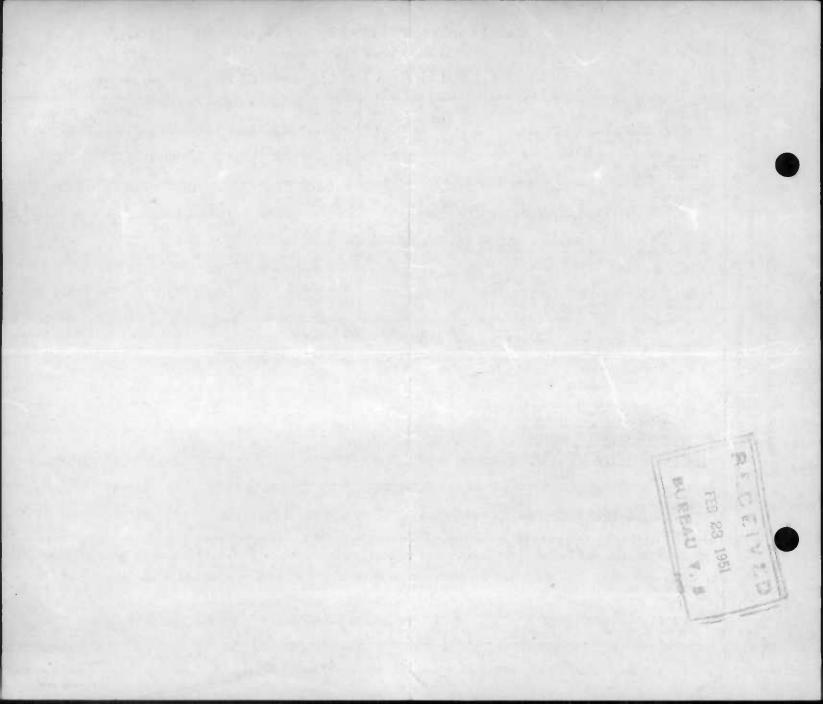
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1630

	CERTIFICAT	TE OF DEATH Reg. Dist.	No. 2021
1. PLACE OF DEATH. COUNTY Kent	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUN	ITY blut
OR give nearest town) TOWN	RAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and OR TOWN Gural - Chestulor	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET (II rural, give location) ADDRESS / mile south of the	
3. NAME OF DECKASED (First) (Type or Print)	Middletan U	Whitworth 4. DATE (Month) OF DEATH Fib	(Day) (Year) 18 195
Female 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If und Mont	ler 1 year II under 24 hrs. hs. Days Hours Min.
done during most of working life, even if retired	rk 10b. Kind of Business or Industry	VI. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
12. FATHER'S NAME	-2-	14. MOTHER'S MAIDEN NAME Elizabeth Middle	lan
15. WAS DECRAMED EVER IN U.S. ARMED FORC (Yes, no, or unknown) (If year, give war or dat AA) service)	ces of 16. Social Security No.	nu. J. B. Whit worth, Che	estection but
I. DISEASES OR CONDITIONS DIRECTL Immediate cause (a) 442× Antecedent cause(s)		cardio renal disease	INTERVAL BETWEEN ONSET AND DEATH
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c)	***************************************		***************************************
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but no related to the disease or condition causing d	t eath.		1904-146 24 44 44 64 64 400000000000000000000000000
19a. DATE OF OPERATION 19b. MAJOI			20. AUTOPSY?
SUICIDE	LACE (Home, farm, factory, street, F office bldg., etc.) NJURY	(CITY OR TOWN) (COUNT	
TIME (Month) (Day) (Year) (Hour) OF INJURY m	While at Not While	HOW DID INJURY OCCUR?	HELLIN
22. I hereby certify that I attended	and that death occurred at (Degree or title) M.D.	8. 1950, to 74.18, 1951., that I last 8. 12. a.m., from the causes and on the date ADDRESS Chestestown, M. J. BRY OR CREMATORY LOCATION (City, town, or co	stated above. DATE SIGNED
REMOVAL (Specify) Feb. 20 DATE REC'D BY LOCAL REGISTRAF), 1951 St. Pau		town, Md.
Febr. 20, 1951 Claus	2 S. Barnes	J. Willis Wells -Chestert	own, Md.



2411 N. Charles Street, Baltimore

1631

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH MARYLAND	2. USUAL RESIDENCE CHOME) OF DECEASED COUN	TY Kant
CITY (If outside corporate limits write RURAL and CENGTH OF STAY OR give nearest town (in this place)	CITY (If outside corporate mits, write RURAL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) O A IS A IT	NOOD OF DEATH Reb.	26 195/
7. SINGLE, MARRIED. While WIDOWED, DIVORCED, (Specify) William Left.	8. DATE OF BIRTH 9. AGE last birthday If und Month	or I year If under 24 hrs Days Hours Min.
done during poor of working life, eyen if retired) 10b. Kind of Business of Industry formula	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATKUR'S NAME	14. MOTHER'S MAIDEN NAME	
mory Camp	Sugan Wilson	
15. Was Decrased Even In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS Baltin	ne ml.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	, , ,	ONSET AND DEATH
Immediate cause (a) F-Cu hear	it trailing	
116-1		
Antecedent cause(s) Diseases or conditions, if any, (b)	**************************************	
giving rise to the above cause stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	4	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	A COUNTY OF THE PARTY CONTRACTOR	Yes No 🗆
SUICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN (COUNT	Y COUTATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not While at Not While INJURY 2 26 /99 5m. While at Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2.24	, 18/, to, 19.5/, that I last	saw the deceased
alive on	ADDRESS	stated above. DATE SIGNED
Des HP Copeling los	risles Town Kent	mod
23. BUBANT, CREMATION DOOR THEREOF NAME OF CENETEI	RY OR CREMATORY LOCATION City, town, or con	inty) (State)
DATE BEC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAL 27.1951	24. POWERAL DIRECTOR Dur milli	ADDRESS
	- Juno-	1114

